usually, but not always, associated with achlorhydria, while peptic activity remains good.

C. S. R.

PSYCHOPATHOLOGY


A strong suggestion of storm effect is seen in the distribution of suicides and homicides in North American cities. The rates are not highest where industrialization is most advanced, but rather where barometric pressure and temperature changes are most frequent and severe. Suicides show a definite time-relationship to weather changes as high- and low-pressure centres approach and pass by. With falling pressure and rising temperature, suicides rapidly rise. Most peaks in frequency occur at the time of a low-pressure crisis. With rising pressure and falling temperature few suicides occur. Migration from the South into the more stormy North is accompanied by a marked rise in suicides among negroes. Figures are not available to show whether the same is true of the whites. Increased economic stress in the North may, of course, play a large part in this rise. These findings indicate the likelihood that the wide shifts in temperature and pressure that accompany North American storms may play a considerable part in producing the mental instability of such populations. Much of this storm effect probably works through increasing the tempo of life and the economic competition. There probably remains, however, a distinct disturbing action of the storm changes as they affect the body directly.

C. S. R.


From the study of cases he records and discusses, the author concludes that it appears that suppressed or unrelieved resentment is capable of causing pain in a manner suggestive of a conditioned reflex. From this viewpoint, psychogenic pain must be considered as an emotional release rather than as an escape, in the usual interpretation, and not necessarily having an unconsciously protective aim. The sensitive, often negativistic, egotistical and egocentric personality, with or without unconscious social compensation, is susceptible to the development of pain from an emotional (psychogenic) origin. The pain may be relieved by ego-compensating diversion or by the social relief of the cause of the underlying emotional conflicts.

C. S. R.

Here a study of the emotional symptom-groupings of 300 cases of general paresis is presented. It is pointed out that the general paretic is, usually, not only a case of cerebral syphilis, but a case of cerebral syphilis plus a psychosis or psychoneurosis. The general paretic should be treated not only for cerebral syphilis, but also for the existing abnormal emotional state by recognized therapeutic measures.

C. S. R.

[75] Mental state of the epileptic patient.—E. M. BRIDGE. *Arch. of Neurol. and Psychiat.*, 1934, 32, 723.

Recognition of the nature and significance of the mental state of the epileptic person has far-reaching implications. In the first place, it should be recognized that there exists a group of patients, formerly classed as suffering from idiopathic epilepsy, in whom psychogenic factors are of the utmost importance in inducing the abnormal physiological response of convulsions. In such instances routine treatment with drugs, diets and surgical intervention is of less importance than properly directed adjustment of the problems of the mind. Similarly, time, energy and optimism would be wasted if one attempted to treat solely by mental hygiene the patients in whom the dominant alteration of physiology depended on local scars of the brain, abnormalities of the cerebrovascular supply, disturbances of the formation and drainage of the cerebrospinal fluid, repeated bouts of fever and tetany. Only as one is able correctly to evaluate the various disturbances of function which in a given person bring about the symptoms now spoken of as epilepsy can therapy be direct, specific and fruitful.

In the second place, the popular conception of an inherited deteriorating personality as the underlying cause of epilepsy has resulted in great misunderstanding and injustice both to the patient and to his family. The fear, prejudice and even aversion which a person with epilepsy so often encounters when seeking education, employment or entrance into social activities can be attributed in considerable measure to such an attitude toward the disease. It is not uncommon to encounter families of excellent stock who dread to have the children they desire, because of the possibility of transmitting to them the taint of epilepsy. A family skeleton of epilepsy is a social disgrace.

Finally, the treatment which patients with epilepsy receive from physicians is no doubt influenced by the hopelessness which is bound to result when hereditary aspects of the disease and the futility of curative measures occupy as prominent a part in the literature and teaching of epilepsy as they have in the past. The attitude of society toward epilepsy
deserves study, for only as a more rational view of the disease is taken by the public in general and the medical profession in particular, can the epileptic patient receive the therapeutic aid and the opportunity for normal existence which every human being deserves.

R. M. S.


After examining the theories of depersonalization from partial facts and the clinical data as a whole, the author concludes that the symptoms constitute a nonspecific syndrome occurring in illnesses of different kinds during the stage of minor intensity. Its rarity in gross organic psychosis and toxic states is remarkable. Most patients have a correct insight into its morbid character and here depersonalization is close to the obsessional phenomena with which it is not seldom associated. It differs from obsessions in its generalizing tendency, for it is prone to extend over all psychic experiences without exception. The fact that younger people only are affected may account for the infrequency of delusional development which is a dominating factor in psychosis in later life. It is astonishing that depersonalization is so relatively rare. In every early psychosis or neurosis the personality and the manner of looking at the outer world are changed. Why is this change observed by the patient himself only in certain cases? Why does it bear such a paradoxical appearance in depersonalized subjects? The answer can only be found by viewing the whole syndrome as a preformed functional response of the brain. It is a characteristic form of reaction of the central organ which can be set going by different causes. Such a response can be put in the same category with other nonspecific preformed mechanisms as the epileptic fit, delirium, states of semiconsciousness, catatonic states, etc. From the point of view of the organic foundations of the syndrome one must refer to its similarity to sensory disturbances of the thalamic type. Furthermore, the relations to anosognosia and to Anton’s symptom of failing perception of one’s own defect are noteworthy. For future study it would seem that the most accessible way at present is to make use of the refined methods of modern physiology for studying sensory perception.

C. S. R.


The most typical mental picture seen is characterized by confusion, mental regression to simple dementia, inadequate emotional response, and a restless purposeless behaviour. The only distinct clinical type of mental reaction is
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the simple deterioration. Very rarely are cases depressed or agitated or euphoric over a sufficiently long period of time to establish them as a clinical type of reaction. Perceptual disturbances are not conspicuous in the early picture, and visual and auditory hallucinations are reported in about 5 per cent. of the cases. Intellectually the child always regresses and the progression to dementia is the most characteristic feature. Delusions of some type are found in about 19 per cent.; 9·5 per cent. were expansive and 4·3 per cent. were paranoid. Memory loss is a common finding, while emotionally the patient’s response is inadequate and dull. Euphoria, at some stage of the illness, is reported in 17·6 per cent. and depression in 23·6 per cent. Excited periods, almost always of a transient character, were present in 23·6 per cent., and these were often associated with periods of irritability. In the field of volitional activity, the outstanding symptom is restlessness. Misconduct, either as unruly or resistive behaviour, destructiveness, antisocial activity, or masturbation, appeared in about 30 per cent. of all cases. Catatonic behaviour, with negativism, mutism and automatism is manifest in about 5 per cent. Sleep disturbance, either as insomnia or somnolence, is mentioned in only 4 per cent., but probably occurs more frequently.

C. S. R.


A higher percentage of tuberculous disease is found in patients with mental conditions than in the patient population in general hospitals. Tubercular infection has taken place in a higher percentage of mental defective children than in apparently healthy school children. Temperature records are of value, but other possible causes of pyrexia should be eliminated. Most excited and some depressed mental cases have pyrexia of unexplained origin from time to time. Sputum is difficult to obtain from a large proportion of mental cases. Weight charts should be kept in all suspected cases. The apathy and indifference to physical discomfort are found to such an extent in so many patients with mental disorder that cough and expectoration are frequently absent, and loss of weight and strength with pyrexia are often the first signs indicating the advisability of chest investigation. Because of poor co-operation in physical examination in many, an X-ray of the lungs is essential before the probability of tuberculosis can be eliminated. An intracutaneous tuberculin test properly done is of value in determining the presence of infection, especially in the younger age groups. No reaction to 1 mg. of tuberculin in \( \frac{1}{10} \) c.cm. definitely rules out such possibility. However, for all practical purposes a negative reaction to \( \frac{1}{10} \) mg. in \( \frac{1}{10} \) c.cm. solution may be accepted as indicating the absence of infection.

C. S. R.

It has long been recognized that the myopathies are diseases which are not confined to the muscular system but show disturbances in several organs and systems. Psychical anomalies are among the most frequent of these disturbances. Usually these are characterized by slight mental deficiency and a general picture of bodily and mental infantilism with a diffuse endocrine disturbance which does not conform to the picture of a syndrome attributable to any one gland. There is almost always some sexual insufficiency. There may also be circulatory disorganization which may even result in hemiplegias and aphasias. On the other hand, there are some cases which show only slight or no modifications in normal physical and mental development.

In a small group, serious mental deficiency may be met with. In these there is usually a rapid course with the chief affection in the lower limbs and with a tendency to contraction in flexion. Pseudohypertrophy is slight. These cases are accompanied in the family by other cases of myopathy and of infantilism and so may be regarded as a special form of idiocy, especially since the pathological changes are found to be similar in each member. The deficiency is obvious from the earliest years, but the myopathy is only demonstrable after the seventh year.

In addition to the deficiency which amounts to idiocy or imbecility there is a serious imbalance of the vegetative system with a tendency to vasomotor crises which may even result in death.

Pathological examination shows that the chief lesions are in the muscles and that the pyramidal tracts and anterior horn cells are little if at all affected.

Examination of the brain does not show such abnormality as is usually found in an equivalent degree of imbecility or idiocy. The condition is somewhat reminiscent of the findings in cretinism. For these reasons it seems permissible to regard such cases as a special form of idiocy.

R. G. G.


This investigation showed that many causative factors may underlie the production of amnesia and loss of identity. In the 104 cases studied, the principal classifications were organic brain disease, functional mental disease, the psychoneuroses, exogenous and endogenous toxæmias, epilepsy, and malingering. Males constituted the great bulk of the cases, with the excep-
tion of the psychoneurosis-hysteria and the malingering group, where females predominated. Among the negro race, females constituted the great majority, very few negro males developing amnesia. The most melodramatic and interesting cases were those of hysterical or epileptic genesis. In children, the condition occurred only when constitutional mental inferiority was present. The ratio of amnesia cases to total cases admitted in an acute psychopathic hospital service was 1 : 120.

C. S. R.


A history of psychic trauma has been obtained in 94 per cent. of cases of Graves' disease by a method of examination which stresses (a) the investigation of new developments in the life situation and personal relations at the time of onset of hyperthyroid symptoms; and (b) the evaluation of the unconscious conflicts by the appearance of signs of emotion during the history-taking.

A flushing of the neck and lower face is described which has shown a high degree of specificity in leading one to the conflict over which the patient has 'decompensated.' Frequently noted in mild form if the patient is interviewed in a good light, the degree of severity shows some correlation with the elevation of the B.M.R. and also with the violence of the trauma recalled.

Though all degrees of variation in intellectual and economic self-reliance are observed among the women, the majority show dependence emotionally on the mother or mother surrogate and find any threat to such protecting mother-care, or to approval by the mother, intolerable. Another distinct group is unable to bear the burden of maternal responsibility such as nursing of dependents. In some cases both these patterns appear, in others there in no trace of one, but a clear instance of the other. A small number show, with or without these, fear of coitus, fear of pregnancy and delivery, and a fear of specific illness among which heart disease and cancer figure conspicuously, though these in most instances seem terrifying because feared by or fatal to a mother-person.

The men also show fear of deprivation of mother-comforts, but the fear of loss of approval is less specific, appearing as fear of public disgrace. The fear of illness includes fear lest the wife suffer as did the mother, from disease, economic neglect or unwanted pregnancy.

The emotional pattern of these personalities may be explained by hypothesizing a pathological development, often a frustration, in the normal attempt to establish independence of the mother. In uncomplicated Graves' syndrome the relation to other people shows no pathology, whereas this
also is involved in those cases in which there is an associated hysteria or paranoid tendency.

It would therefore seem, from the incomplete study made, that the conception of Graves' syndrome must be extended to include susceptibility to specific emotional traumata and a characteristic personality pattern.

Indication is for therapy to be directed toward increasing both the stability of autonomic function (as by partial thyroidectomy) and the self-confident independence of the personality. In so far as this is impossible of expectation the maximum of physical and emotional shelter becomes imperative. Insight into the specific threats to which each patient is sensitive aids in the establishment of security from within and from without.

R. G. G.


Here there is an attempt to analyse the mental phenomena in 134 cases of hyperthyroidism and to determine whether the mental factors can be directly attributed to the hyperthyroidism. Though there is no type of psychic reaction that is characteristic of hyperthyroidism, three types of mental reaction were found to be dominant; viz., toxic exhaustion psychosis, acute delirium reaction, and manic-depressive reaction. Cases of the two former constituted 91 per cent. of the material. The toxic state occurred most frequently in the cases of exophthalmic goitre, and the acute delirium was noted in a high percentage of the cases of hyperfunctioning adenomatous goitre. The cases of manic-depressive reaction constitute the third large group and many gave histories of previous mental disturbance. Undoubtedly, the nervous stability of an individual is a dominant factor in determining the occurrence of mental manifestations. Either the existence of a state of hyperthyroidism, or an operative procedure, may serve as a means of precipitating a severe mental reaction in a mentally unstable individual.

The administration of compound solution of iodine in adequate doses in the preoperative and postoperative treatment of exophthalmic goitre has prevented or controlled crises, and hence has reduced the incidence of mental reactions. Unfortunately, such administration has not produced similar results in cases of hyperfunctioning adenomatous goitre.

C. S. R.


Seven cases are described. In five, simple types of parenchymal degeneration were seen, consisting of chronic changes with pigment atrophy or
chromatolysis. The number of neurons was reduced, but focal necroses were seldom present. In two other cases which showed Korsakow’s syndrome, areas of arteriosclerotic softening were found, but there was no constant localization of the pathological changes. It does not seem justifiable to state that there is a selective degeneration present in chronic alcoholism, or any correspondence between severity of the clinical symptoms and the degree of corresponding brain lesions.

R. G. G.


There appears to be a statistically highly significant difference in the blood glutathione (GSH) level between groups of mental patients and adequate individuals. This difference is greatest in catatonic dementia praecox. It is also marked in hebephrenic and paranoid praecox, and in general paresis. It is less marked, but still statistically significant, in manic-depressive psychosis. In the small number of cases of epilepsy examined it was not statistically significant. Diurnal variation and exercise have been ruled out as influences affecting the validity of conclusions based on the data accumulated in this study.

C. S. R.

PROGNOSIS AND TREATMENT


This law of 1921 provides that any person indicted for a capital offence or any person indicted or bound over for trial in the Superior Court who has been previously convicted of a felony or indicted more than once for any offence shall be reported to the Department of Mental Diseases for examination, ‘to determine his mental condition and the existence of any mental disease or defect which would affect his criminal responsibility.’ It may be said that by providing an impartial and competent mental examination of certain legal classes of persons accused of crime in advance of trial, it has furnished to the court information as to the defendant’s mental condition, and by so doing has avoided the expense of numerous costly trials; it has reduced to a negligible number the ‘battles of experts’ which have in the past brought discredit upon psychiatric expert testimony; it has protected the rights of the psychotic or otherwise mentally incompetent accused who might without it have gone unrecognized; it has served in numerous cases to indicate a disposition which was more desirable socially and more in accord with